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Doc Code: TRAN.LET

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		Application Number	10/578,355			
TRANSM	IITTAL	Filing Date	Juno 12, 20	06		
FOR		First Named Inventor	Robert C. L	eii		
. •		Art Unit	8971			
		Examiner Name	Melissa Jea	n Perrolra		<u> </u>
(to be used for all correspon	l ·	Attorney Docket Number	1			
Total Number of Pages in Th	nis Submission 27		<u> </u>			
	ENC	LOSURES (Check all	that apply,)		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavital/de Extension of Time F Express Abandonm Information Disclos Certified Copy of Pocument(s) Reply to Missing Polincomplete Application Reply to Missing Polincomplete Ap	d claration(s) Request Lent Request Lure Statement Plority Refr	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Torminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Charks	Address		Appeal Conf Appeal Confession Appeal	wance Communication to TC communication to Board ils and Interferences communication to TC lotice, Brief, Reply Brief) ary Information etter inclosure(e) (please Identify ontinued Examination
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Typed or printed name	R. Scatt Kimsey				Date	March 29, 2011

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PTO/SB/17 (10-08)
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Effective on 12/08/2004. Feos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known
	Applicatori Tamber	10/578,355
FEE TRANSMITTAL	Filing Date	June 12, 2006
For FY 2009	First Named Inventor	Robert C. Lelf
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Melissa Jean Perreira
	Art Unit	8974 1618
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket No.	
METHOD OF PAYMENT (check all that apply)		
Check Credit Card Money Order No		
Deposit Account Deposit Account Number:	Deposit Account N	Vame;
For the above-identified deposit account, the Director is h	ereby authorized to: (chec	ck all that apply)
Charge fee(s) Indicated below	Charge fee(s	e) indicated below, except for the filing fee
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FEE CALCULATION	***	
Small Entity	RCH FEES EAR Small Entity	AMINATION FEES Small Entity Fees Paid (\$)
Application Type Fee (\$) Fee (\$)		24 (4) FEB (3)
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Design 220 110 100		40 70
Plant 220 110 330	. 105	70 85
Reissue 330 165 540	5 .0	50 325
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EXCESS CLAIM FEES Foe Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims		Fee (\$) Fee (\$) 52 26 220 110 390 195
Total Claims	Fee Pald (5)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)
- 20 or HP = X = HP = highest number of total claims poid for, if greater than 20. Indep. Claims Extra Claims Fee (5)	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of licitings under 37 CFR 1 52(e)), the application size	paper (excluding electre fee due is \$270 (\$135	tot Sinatt chitty) to been die
sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(Total Sheets Extra Sheets Number of -100 = /50 =	each additional 50 or fra (round up to a whole	ction thereof Fee (\$) Fee Paid (\$)
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SUBMITTED BY	Registration No. 5019	5 Telephone 573.864,5223
Signature	(Attorney/Agent) 5019	
		Date March 29, 2011

SUBMITTED BY	1 Bu distriction No.	T-la-hana
Signature	 Registration No. 50195	Telephone 573.864.5223
OIG: ISCORD	(Attational party)	Date March 29, 2011

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